Pharmacy

Better Delivery of Services, Co-Pays, and Prior Authorization

- Monthly prescription limit of 6 prescriptions per month, with prior authorization to exceed that number.
- Explore 340(b) drug pricing program, which FQHCs currently use to reduce their drug prices.
- Cover only generic medications, except allow the use of brand names with prior authorization and include an exception for cancer, mental health and AIDS medications. Consider the rebates when determining the cost of the drug.
- Pharmacies to notify physicians when patients do not fill their prescriptions on a timely basis for chronic disease states.
- Expand disease management statewide.
- Multiple and chronic disease patients to be assigned to one pharmacy of their choice.
- Long-term maintenance medications for chronic conditions should continue to be filled initially as a 2-week supply, and then a 3-month supply.
- Increase co-pays for prescription drugs if allowed by the federal government.
- Allow nurse practitioners and physicians' assistants to have the authority to prescribe Schedule V controlled substances.
- Allow advanced practice nurses under collaborative practice agreement to prescribe Schedule II through V controlled substances.
- State support for electronic prescribing.
- Financial rewards for healthy behavior that can then be used to pay for co-pays.
- Ask Congress to remove the prohibition that prevents states from negotiating with drug companies.
- Ask Congress to continue to look at issues involving drug importation.
- Medicaid and other state-sponsored drug purchasers should consolidate to increase drug purchasing power.

Eligibility

Determination Process

- Evaluate the use of the earned income disregard as a way to reward work, and require a W-2 form. Determine whether this would resolve issues dealing with MAWD and the definition of work.
- Benefit design should vary by category of eligibility.
- Baseline for determination of financial eligibility in all categories should be 100% FPL.
- Re-examine eligibility for in-home and community-based services (i.e., division of assets for in-home care for those under 63; asset limit for individuals receiving in-home and community-based care).

- Single pregnant females on their parents' insurance policy should remain on the parents' insurance policy.
- Revisit eligibility criteria for Medical Assistance for Families.
- Revisit eligibility for the General Relief Category.

Revised MAWD Program

- Examine work requirements for participation.
- Require submission of a W-2 form (or similar documentation) to verify employment.
- Financial incentives for businesses that hire individuals with disabilities (i.e., tax credits, hiring a certain number of disabled individuals, etc.).
- Ensure that businesses employing the disabled are paying a fair wage where applicable (i.e., don't discourage the use of Sheltered Workshops).
- Create an incentive for disabled individuals who are working more.
- Remove barriers that prevent people from moving from disability assistance to full employment and employer-sponsored health insurance.
- Don't penalize individuals who have a past work history or who try to work again after becoming disabled.
- Address division of assets within the MAWD program.

Creating a Single Point of Entry

- Maintain the Department of Health and Senior Services as the single point of entry.
- Create a system in which an individual can make a single contact to get access to information about assistance in their local community and from statewide programs (i.e., create a 211 phone system or similar 24/7 one call center).

Managed Care

Expansion/Reduction of Managed Care

- Pilot a managed care model for Mental Health.
- Pilot a managed care model for the ABD population, but should not start out as a statewide initiative. May try more than one pilot and see what works best.
- Pilot an ASO (Administrative Service Organization) model for the ABD population.
- Make sure that the patient population is satisfied with the care they're getting through managed care.
- Expansion of chronic care management programs for the Mental Health and ABD populations
- Managed care for the OA/PTD population.
- Pilot a PACE-like model for the disabled/Mental Health population.

- Look at developing longer-term relationships between managed care entities and the Medicaid population.
- Utilize existing networks.
- Cap the rate of profit that for-profit managed care companies can make from providing services to the Medicaid population.
- Risk/Reward sharing in managed care contracts.
- Greater transparency in managed care costs and utilization rates.
- Examine the use of PACE model for the elderly population in other areas of the state.
- Limit payment for elective surgical procedures.

Technology

Expanding healthcare technology

- Increase payments to providers who use electronic medical records.
- Technical assistance to help small providers with implementation of technology in their practices
- Support interface with the IMES system to allow access to other state systems
- Whistleblower statute that protects reporters of fraud
- Utilize available software to examine data relating to utilization rates, cost, quality, population health, patterns of disease/health, as well as fraud and abuse.
- Integration of systems between state agencies.
- Web-based individual health record for Medicaid clients.
- Tax credit or financial incentive to assist providers with purchasing hardware to support electronic medical records.

E-Prescribing

- Financial incentives for providers and pharmacies that participate.
- One time financial incentives or assistance to providers and pharmacies for e-prescribing.

Nursing Line/Hotline Number

- Make a nurse line available for Medicaid patients to access and get assistance rather than going to Emergency Room when not really necessary.
- Use nurse line/hotline to address social needs of some patients.

At-Home Monitoring

- Increase utilization of at-home monitoring systems technology for all areas.

Long Term Care

Defining Assets

- Division of Assets and asset limits for those in home and community based care should be the same as those for individuals in nursing homes.
- Process for ongoing review of the issue of assets and qualifying for long-term care.
- Review whether changes to the process for determining eligibility through division of assets has had unintended consequences regarding spousal impoverishment.
- Research and utilize all available technologies to identify assets.
- Evaluate the use of reverse mortgages, valuation of property when determining assets.

Encouraging Long-Term Care Insurance

- Investigate ways to promote the purchase of long-term care insurance by allowing individuals who have purchased long term care insurance receive benefits once the insurance policy benefit is exhausted.
- Provide more information to Missouri citizens about the availability of a state income tax deduction for premiums paid for long-term care insurance.
- Provide educational materials about long-term care insurance.
- Explore other alternatives to long-term care insurance and provide education about such alternatives.
- Public awareness and education about the cost of long-term care insurance.

Better Delivery of Care

- Require exploration of least restrictive options before entering nursing home.
- Ease requirements on residential care facilities to allow people to stay in them longer.
- Increase oversight of services to ensure that they are being performed pursuant to contractual requirements.
- Make sure that all in-home providers are Medicare-certified.
- Institute quality certification or licensure standards for providers who are not currently certified or licensed.
- Examine penalties for providers who have multiple violations of safety standards.
- Increasing the number of visits that the state makes to facilities each year.
- Re-examine the way in which we provide payment for in-home services, based on level of care or acuity.
- Make payments for nursing homes based on acuity.
- Examine the point system for qualification for nursing home level of care.

Emphasis on Care in Least Restrictive Environment

- Provide optional services to individuals if it keeps the individual in their home or in the least restrictive environment instead of going to a nursing home.
- Restore optional services to keep people in the least restrictive environment.
- Research partnerships and other opportunities to educate people who are guiding those who need these services about all of the options that are available.
- Make the prior authorization service for optional services more efficient.
- When patients are discharged from hospitals directly to nursing homes, need a mechanism to ensure that all possible options for care are explored and try to minimize the stay in the nursing home if possible.
- Create incentives for the continuum of care industry to work together to ensure that there are appropriate options and explore new community-based options.